

7. Total Quantity of Regulated Medical Waste by Category and Destination (**NOTE: do not double count RMW (e.g. RMW reported as being delivered to a second transporter should <u>not</u> also be reported under the Destination Facility column. In that column only report RMW that was delivered by you <u>directly</u> to a destination facility.)		
	Second Transporter or Transfer Facility	Intermediate Handler or Destination facility
A. Untreated Waste (pounds)		
B. Treated Waste (pounds)		

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III. GENERATOR IDENTIFICATION**8. Total Number of Generators From Whom Regulated Medical Waste was Accepted**
_____. (If your answer is "0", skip to Section IV)**9. Identity of Generators**
(Please complete Sections A, B, C, D and E for each Generator)

<p>A. Name and Location of Generator</p> <p>_____</p> <p>Name _____</p> <p>Address _____</p> <p>City, State and Zip Code _____</p> <p>B. County code _____</p>	<p>C. Type of Generator _____</p> <p>If Other, Specify _____</p> <p>D. Quantity of Regulated Medical Waste Accepted from Generator</p> <p>Untreated _____ pounds</p> <p>Treated _____ pounds</p> <p>E. Generator Identification Number _____</p>
<p>A. Name and Location of Generator</p> <p>_____</p> <p>Name _____</p> <p>Address _____</p> <p>City, State and Zip Code _____</p> <p>B. County code _____</p>	<p>C. Type of Generator _____</p> <p>If Other, Specify _____</p> <p>D. Quantity of Regulated Medical Waste Accepted from Generator</p> <p>Untreated _____ pounds</p> <p>Treated _____ pounds</p> <p>E. Generator Identification Number _____</p>
<p>A. Name and Location of Generator</p> <p>_____</p> <p>Name _____</p> <p>Address _____</p> <p>City, State and Zip Code _____</p> <p>B. County code _____</p>	<p>C. Type of Generator _____</p> <p>If Other, Specify _____</p> <p>D. Quantity of Regulated Medical Waste Accepted from Generator</p> <p>Untreated _____ pounds</p> <p>Treated _____ pounds</p> <p>E. Generator Identification Number _____</p>
<p>A. Name and Location of Generator</p> <p>_____</p> <p>Name _____</p> <p>Address _____</p>	<p>C. Type of Generator _____</p> <p>If Other, Specify _____</p> <p>D. Quantity of Regulated Medical Waste Accepted from Generator</p> <p>Untreated _____ pounds</p> <p>Treated _____ pounds</p>

City, State and Zip Code	E. Generator Identification Number
B. County code _____	_____

IV. SECOND TRANSPORTER AND TRANSFER FACILITY IDENTIFICATION

10. Total Number of Second Transporters and Transfer Facilities to which Regulated Medical Waste was Delivered _____. (If your answer is "0", complete Section V. If your answer is more than "0," then complete Section VI. Complete Section V if applicable or enter "0")	
11. Identity of Second Transporter and Transfer Facilities (Please complete Sections A and B for each Facility)	
A. Name and Location of <input type="checkbox"/> Second Transporter <input type="checkbox"/> Transfer Facility (Check one) _____ Name _____ Address _____ City, State and Zip Code	B. Quantity of Regulated Medical Waste Delivered to Second Transporter/Transfer Facility Untreated _____ pounds Treated _____ pounds
A. Name and Location of <input type="checkbox"/> Second Transporter <input type="checkbox"/> Transfer Facility (Check one) _____ Name _____ Address _____ City, State and Zip Code	B. Quantity of Regulated Medical Waste Delivered to Second Transporter/Transfer Facility Untreated _____ pounds Treated _____ pounds
A. Name and Location of <input type="checkbox"/> Second Transporter <input type="checkbox"/> Transfer Facility (Check one) _____ Name _____ Address _____ City, State and Zip Code	B. Quantity of Regulated Medical Waste Delivered to Second Transporter/Transfer Facility Untreated _____ pounds Treated _____ pounds
A. Name and Location of <input type="checkbox"/> Second Transporter <input type="checkbox"/> Transfer Facility (Check one) _____ Name _____ Address _____ City, State and Zip Code	B. Quantity of Regulated Medical Waste Delivered to Second Transporter/Transfer Facility Untreated _____ pounds Treated _____ pounds

_____ Address _____ City, State and Zip Code	Treated _____ pounds
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V. INTERMEDIATE HANDLER AND DESTINATION FACILITY IDENTIFICATION

12. Total Number of Intermediate Handlers and Destination Facilities which Accepted Regulated Medical Waste for Disposal _____. (If your answer is "0", do not continue with this Section)	
13. Identity of Intermediate Handlers and Destination Facilities (Please complete Sections A, B and C for each Facility)	
A. Name and Location of <input type="checkbox"/> Intermediate Handler <input type="checkbox"/> Destination Facility (Check one) _____ Name _____ Address _____ City, State and Zip Code	B. Facility Type _____ C. Quantity of Regulated Medical Waste Delivered to Intermediate Handler/Destination Facility Untreated _____ pounds Treated _____ pounds
A. Name and Location of <input type="checkbox"/> Intermediate Handler <input type="checkbox"/> Destination Facility (Check one) _____ Name _____ Address _____ City, State and Zip Code	B. Facility Type _____ C. Quantity of Regulated Medical Waste Delivered to Intermediate Handler/Destination Facility Untreated _____ pounds Treated _____ pounds
A. Name and Location of <input type="checkbox"/> Intermediate Handler <input type="checkbox"/> Destination Facility (Check one) _____ Name _____ Address _____ City, State and Zip Code	B. Facility Type _____ C. Quantity of Regulated Medical Waste Delivered to Intermediate Handler/Destination Facility Untreated _____ pounds Treated _____ pounds
A. Name and Location of	

<input type="checkbox"/> Intermediate Handler <input type="checkbox"/> Destination Facility (Check one) _____ Name _____ Address _____ City, State and Zip Code	B. Facility Type _____ C. Quantity of Regulated Medical Waste Delivered to Intermediate Handler/Destination Facility Untreated _____ pounds Treated _____ pounds
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VI. FINAL DISPOSAL FACILITY IDENTIFICATION

14. Total Number of Facilities which accepted Regulated Medical Waste for Disposal _____. (Complete this section if you delivered waste to a second transporter or transfer facility and not directly to an intermediate handler or destination facility)	
15. Identity of Final Disposal Facilities (Please complete Sections A, B and C for each Facility)	
A. Name and Location _____ Name _____ Address _____ City, State and Zip Code	B. Facility Type _____ C. Quantity of Regulated Medical Waste Accepted by the Final Disposal Facility Untreated _____ pounds Treated _____ pounds
A. Name and Location _____ Name _____ Address _____ City, State and Zip Code	B. Facility Type _____ C. Quantity of Regulated Medical Waste Accepted by the Final Disposal Facility Untreated _____ pounds Treated _____ pounds
A. Name and Location _____ Name _____ Address _____ City, State and Zip Code	B. Facility Type _____ C. Quantity of Regulated Medical Waste Accepted by the Final Disposal Facility Untreated _____ pounds

City, State and Zip Code	Treated _____ pounds
<p>A. Name and Location</p> <p>_____</p> <p>Name</p> <p>_____</p> <p>Address</p> <p>_____</p> <p>City, State and Zip Code</p>	<p>B. Facility Type _____</p> <p>C. Quantity of Regulated Medical Waste Accepted by the Final Disposal Facility</p> <p>Untreated _____ pounds</p> <p>Treated _____ pounds</p>